



Medics Forward

"Any mission, Anywhere!"

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Europe Regional Medical Command attends German-American partnership

**Story and photos by Staff Sgt. Kelly Bridgwater
ERMC Public Affairs Office**

Diez, Germany- It was a chilly November morning as members of the Europe Regional Medical Command (ERMC) and supporting units loaded themselves into vans and began their drive to Diez, Germany where they would meet members of the German Region Medical Command II for a day of fellowship and weapons training as part of the German-American Partnership program.

The event brought together two countries with a common mission, military medicine. Upon arriving to Diez U.S. Army personnel were taken inside Ranienstein Castle. The butter-yellow stronghold is home to the command's headquarters and stands proudly on the Dierstein ruins.

The partnership is nothing new for ERMC leaders. This is the second event this year between the two commands. The partnership program gives the opportunity for a host-nation country and its outside military partners to learn from each other and form lasting ties.



German and American Soldiers gather in front of Oranienstein Castle, home of the German Regional Medical Command II.



Col. Terry Carroll (left) chief of staff, Europe Regional Medical Command (ERMC) Col. Casey Jones (middle) deputy commander, ERMC, and Brig. Gen. Volker Schwamborn, commander of the German Regional Medical Command II talk about the day's events on the Schuetzenschnur qualification range during the German-American partnership event held last month in Diez, Germany.

"Partnership means that we develop a working relationship with our allies," said Col. Chip Carroll, ERMC chief of staff. "We learn their army – they learn our Army and we become stronger allies because of it. We learn from the Germans and they learn from us. We are different nations, different armies and have different points of view, so there is a learning process that goes along with the partnership." Carroll has been involved with the German partnership program since the early 1980s when he was first stationed in country.

Echoing the positive benefits of the partnership is Brig. Gen. Volker Schwamborn, commander of the German Regional Medical II.

"I enjoyed this day," said Schwamborn. "It was again evident of this great partnership. Even in demanding times like these we found the time to do this."

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Heidelberg Medical Department
Activity, Public Affairs Officer**

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**New to the ERMC
homepage is the
Equal Opportunity
program web site.
The site offers
information about
the EO program
and its policies.**

**Operation Iraqi
Freedom
&
Operation Enduring
Freedom
as of Dec, 13, 2004**

Clinical Operations

OIF patients 18,214

OEF patients 3,130

USAMMCE

Line items 317,000

DoD customers 834

\$280 million

ERMC



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Hospital administrator educates American counterparts

By Philip Tegtmeier
ERMC Public Affairs Office

Heidelberg, Germany—Changes in Germany's socialized medicine program have energized public reaction this year, and one German hospital administrator took time to help his American counterparts understand those changes at a luncheon held recently at the Village Pavilion on Patrick Henry Village here.

Dr. Rainer Abel, senior staff surgeon with the Heidelberg University Hospital, was the guest speaker at a quarterly meeting of the Central European Healthcare Executives (CEHE). He also gave an overview of the German system to give those in the audience a framework for understanding healthcare reform.

"We have an agreement between generations," Abel said in opening his remarks. The basic tenet behind German healthcare, he said, is that today's workers pay an insurance premium that covers treatment given to retirees. Unlike the Social Security system in the United States, which has a pot of money created from earlier employer and worker contributions, the German system applies mandatory premiums that Germans pay directly toward healthcare costs.

"The system worked fine through the early 1970s, but we are now faced with declining birth rates and a lower average retirement age," Abel said. These demographic changes have reduced the



Photo by Philip Tegtmeier, ERMC Public Affairs Office

Dr. Rainer Abel (left), Senior Staff Surgeon, Heidelberg University Hospital addresses the crowd of attendees last month during the quarterly meeting of the Central European Healthcare Executives held at the Recovery Room located on Nachrichten Kaserne, Heidelberg, Germany.

amount coming in yearly, causing the government to steadily increase healthcare premiums that today's workers pay. The premium has climbed from single digits to today's 12 – 14 percent rates.

Abel said the political will doesn't exist to continue raising premiums so German healthcare administrators have had to find ways to reduce costs while still providing medical care to anyone who needs it.

The remainder of his remarks dealt with various methods that have been introduced in German medicine to help reduce those costs. "The next five years will be difficult," Abel said, as the country works out how to finance the medical system.

Most of the attendees belong to CEHE, a sub-chapter of the

American College of Healthcare Executives (ACHE). That is a professional organization serving civilian and military health care executives. The organization aims at providing continuing education for its members.

"Leaders in health care cannot be static," said Col. David A. Rubenstein, an ACHE board member and commander, 30th Medical Brigade in Heidelberg. He added that leaders must continue to learn if they are to be effective.

The CEHE president, Maj. Timothy J. Hoiden, introduced Abel and welcomed the opportunity to learn more about the host country medical system.

"We learned some things here today that will improve our understanding of how our partners in medicine operate," Hoiden said. The next CEHE meeting will take

German-American partnership continued from page 1

What I saw today (on the range) was a level of professionalism displayed from both sides. We all want to deepen the partnership.”

The first part of the morning included a briefing on the role of the German medical command and a breakdown of the organization. An added treat was a guided tour of the lavish castle and its grounds.

Learning to fire foreign army’s weapons was on the agenda that fall day as U.S. Army personnel embarked on qualifying for the German Schuetzenschnur. It is a marksmanship badge. The badge can be earned in gold, silver or bronze depending on the number of targets hit using a variety of German weapons to include the Uzi.

For one young Soldier the chance to meet and train alongside German troops and tour the castle was an incredible experience.

“I enjoyed firing the hand gun,” said Spec. Alan

Martin, ERMCM command group. “It felt good to shoot their weapons. We probably won’t have that opportunity again. Also, the (Schuetzenschnur badge) award looks very sharp on the uniform. If you were a civilian you would probably think that the person is Special Forces or something.”

Carroll expressed his gratitude at the elegant and gracious way events were presented during the day at Diez.

“Our hosts were elegant, personable and gracious. They made this event a pleasure forthcoming,” said Carroll. “

Military members from the following U.S. Army medical units attended the partnership event:

ERMCM, 30th Medical Brigade; Europe Regional Dental Command; U.S. Army Medical Activity Heidelberg and Wuerzburg as well as members of the Mannheim Health Clinic.



Photo by Staff Sgt. Kelly Bridgwater, ERMCM Public Affairs Office

German and American Soldiers take part in the German-American partnership event held last month in Diez, Germany. American Soldiers ready their Uzi's as German soldiers run the range as the Americans compete for the German marksmanship badge called the Schuetzenschnur.

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LRMC



Landstuhl sees huge patient influx from Fallujah

By Spc. Todd Goodman
Landstuhl Regional Medical Center Public Affairs Office

Five buses carrying litter-bound patients from Fallujah arrived one after the other within the span of an hour on the evening of Nov. 14. A hoard of Landstuhl Regional Medical Center (LRMC) staffers met the incoming wounded at the emergency room.

Since fighting in Fallujah flared up again, this scenario has become the unfortunate norm at LRMC. In a little more than a week, LRMC received 461 downrange patients with 257 of those suffering battle injuries. Normally, only 23 percent of LRMC's patients suffer battle injuries.

Doctors are working around the clock as needed to care for the injured war heroes. Nurses and medical technicians from the 435th Medical Group at Ramstein have helped LRMC handle the patient increase.

The intensive care unit and medical surgical ward also have made adjustments to handle the wounded. The ICU has gone from 18 beds to 28,



Photo courtesy of US Army

Service members take part in a press conference held at LRMC last month.



Photo by Spc. Todd Goodman, LRMC Public Affairs

Air Force personnel work together to move a litter-bound patient from a bus to the Landstuhl Regional Medical Center Emergency Room. The patient was injured during fighting in Fallujah, Iraq.

and the Medical / Surgical ward has increased from 64 beds to 117.

"The current mission for the surgical services here at LRMC is now almost 100 percent Operation Iraqi Freedom (OIF) care," said Col. Kory Cornum, 435th Medical Squadron commander and orthopedic surgeon. "My hands are sore from scrubbing before so many operative cases.

"The first five days we did 90 OIF cases in the operating room and on Monday we operated on another 25," she said. "We have not been this busy with war trauma since the first battle of Fallujah in April of this year."

Two press conferences were held at LRMC Nov. 14 and 15. More than 30 international media members interviewed patients and staff about conditions in Fallujah and how LRMC is coping with the sudden patient increase.

Landstuhl welcomes state of the art Patient Decontamination System

By Maj. Stephen E. Fecura
Landstuhl Regional Medical Center

The Landstuhl Regional Medical Center's (LRMC) emergency department recently purchased a new patient decontamination system to address the real possibility that a contaminated patient might arrive at the doorstep of LRMC.

The "tactical 'aireshower'" is a rapidly deploying decontamination system that can be quickly erected and fully functional during almost any weather conditions. The key factors that led to the choice of the inflatable decontamination system were its one-to-two minute set up time, the ability to provide a warm environment and water heated to 100 degrees Fahrenheit, and the ability to address concerns regarding winter cold exposure.

The additional capability of a toxic waste water containment system to meet German environmental protection requirements was highly considered in the planning.



Photo by Maj. Stephen E. Fecura, LRMC Emergency Department

Staff of Landstuhl Regional Medical Center's emergency department practice erecting the 'Tactical Aireshower,' a mobile decontamination system. The system will help staff of LRMC handle 'self-presenters,' patients who might arrive at the emergency room and are biologically or chemically contaminated.

Last month 15 emergency room staff members underwent extensive, hands-on training in cold weather. They donned and tested the fully encapsulating protective suits, also called the "space suit" with a portable air-powered respirator and erected the shelter. This helped the staff and everyone else involved with the decontamination system in assessing all aspects of the system.

The integration of this new technology was made possible by the extensive training, coordination and facilitation of

Maj. Eric McDonald, chief, emergency room disaster preparedness; 1st Lt. Stephen Schmelzer, assistant chief, emergency room disaster preparedness; and Airman 1st Class Shawn Moore, noncommissioned officer in charge, emergency room disaster preparedness.

The LRMC emergency room hopes to set a new European benchmark for the handling of the "self-presenting" contaminated patient who arrives at the emergency room.

LRMC



H-MEDDAC



Mission:
To ensure medical readiness while providing quality, integrated healthcare.

Vision:
To be the most compassionate healthcare team, committed and responsive to the needs of the community.

Retiree health day at Mannheim clinic

By Charles Ward
Heidelberg Army Hospital
Public Affairs Officer

The Mannheim Health Clinic at Benjamin Franklin Village hosted a retiree health day in conjunction with the local dental clinic Dec. 10.

"It's a success," said James Tree, a retiree in the Mannheim area who works with 2nd Signal Brigade. "I've never seen faster or more efficient service given to retirees. I've done these before. My wife and I always take advantage of these events, but here today, I got everything done in half the time it has taken elsewhere. These folks are good to us."

"I enjoy coming and helping," said Staff Sgt. Ryan Emlinger, noncommissioned office in charge (NCOIC) of the clinic's east wing. "We do this each year in the fall and I've had a chance to help out for the last four years. We do it on a Saturday to provide more convenience for our retirees."

Eleven stations were set up to provide health care services. Retirees were given an orientation and then permitted to freely move to the stations of their choice. Services included optometry vision screens, cholesterol and sugar screening, blood pressure checks, flu shots, hearing screenings and information on TRICARE



Photo by Charles Ward, H-MEDDAC Public Affairs Office

Laura Jenkins, Mannheim Health Clinic optometry technician, assists Patrice Valadez with vision checks during the Nov. 20 Retiree Health Care Day.

benefits. In addition, nurses, doctors, and physical therapists were on hand to talk one-on-one to those retirees with questions.

One of the healthcare workers giving orientation was Staff Sgt. William Ferry, NCOIC of the patient treatment room. "This is a fun day for us," said Ferry. "We get to help, and these people are so appreciative. We get to focus a lot on service and patient care in our routine, week-to-week work. But this is a special day."

The clinic staff appeared to enjoy helping the senior members of the military community. "We have even had staff specifically volunteer to help today," stated Emlinger. "An example is Spec. Christopher Sena. He did not have to be

here today, but he wanted to be here. We did not need all of our personnel working to provide care today, but many of our junior enlisted volunteered because they wanted to help out."

"I depend on this (Retiree Health Day) to keep me in good health," said Jose Nieto who has retired with wife Roswitha and lives in Westhofen. "This is really very satisfactory service. They did even more than I expected today. The staff here is wonderful. We'll be back next year."

"These people deserve it (the health day)," said Emlinger. "They have already given years of service. We should help where we can. One day it will be us."

Birthing center planned for Vicenza, Italy

Story provided by ERMIC Public Affairs Office

Heidelberg, Germany -- Expectant mothers who might otherwise spend a significant amount of time traveling to the Aviano Air Force Hospital for health care during pregnancies will soon have the option of accessing local military health care in the Vicenza area.

A five year contract in the amount of \$3,224,937 was awarded on November 24 to the Italian firm Andriolo S.R.L. for the construction of a birthing center at the US Army Health Clinic in Vicenza, Italy. Preconstruction meetings were held this week and the center is anticipated to be completed and operational in late Spring. The birthing center will be located adjacent to the existing health clinic.

According to Army officials at Europe Regional Medical Command, the birthing center is slated to be approximately 7,700 square feet and will have two birthing suites as well as two operating rooms for patients who may need cesarean section deliveries.

Additionally the center will feature a semi-private patient room, a patient testing room, an examination room, newborn nursery, family waiting area, and space for support staff. The birthing suites are combination labor, delivery,

and recovery and post partum areas with space for the newborn infants in rooms with their mothers.

While the birthing center staff will be able to perform emergency cesarean sections and minor gynecologic surgery, care at the center will focus on low risk, uncomplicated pregnancies. Patients with complicated pregnancies will be referred to appropriate medical treatment facilities.

Military medical officials said that local host nation state-of-the-art support is available to augment the center in rare and infrequent instances when more emergent medical support is needed.

According to medical leaders, providing a birthing center option to patients in Vicenza will not only cut back on long travel times for patients and their spouses, but will also result in fewer missed training days by US service members and reduce temporary duty costs associated with pregnancy health care.

Currently there are about 12 births per month to US military personnel and their families in the Vicenza area. More information about accessing care at the new birthing center will be announced as the project nears completion.

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Fingers crossed: U.S. Army health officers in Europe say flu hasn't hit

"Article by Kevin Dougherty. Used with permission from the Stars and Stripes a DoD publication. copyright 2004 Stars and Stripes."

There's good news on the flu front: The bug isn't going around. Not yet, anyway.

U.S. Army health officers in Europe said Monday that influenza activity is low, essentially, nonexistent.

With the U.S. European Command, "there have been no confirmed cases of influenza yet this year, and influenza-like illness is within normal limits and below last year's rates," according to a weekly summary issued by the U.S. Army Center for Health Promotion and Preventive Medicine-Europe.

The summary, released Monday afternoon, also noted that influenza activity throughout the Department of Defense appears low.

"It's certainly encouraging ... that we haven't found much," said Maj. James Mancuso, the center's chief of epidemiology. The good news comes at a time when health officials in Europe have, or are in the process of, receiving much-needed doses of the flu vaccine.

For the fourth time this month, a shipment of vaccines arrived Monday at the U.S. Army Medical Materiel Center, Europe, in Pirmasens, Germany.

A fifth shipment arrived in early October. The plan has been to get these vaccines out to community hospitals and medical clinics for deploying troops and high-risk patients.

The latter group includes young children, pregnant women, senior citizens, folks with chronic medical conditions and health care providers, said Cynthia Vaughan, spokeswoman for Europe Army Regional Medical Command.

Medical materiel center personnel "are beginning to ship [doses of the vaccine] out to the clinics," Vaughan said. "They should be there by next week."

In addition, the last of three shipments for the troops in Iraq and Kuwait arrived last week in Pirmasens. Like the previous loads, the vaccines were moved south in short order.

"If they have not already re-

ceived their flu shot, they will be getting it, too," Vaughan said of the troops stationed in the Middle East.

For force protection reasons, medical officials in Europe would not say how many doses have arrived in theater or the number flown to Iraq.

As of Monday, the medical command has received about 95 percent of the doses it requested earlier for deploying personnel and high-risk patients, Vaughan said.

There are "sufficient vaccinations to cover our high-risk beneficiaries and deploying soldiers and health care workers with direct patient contact," said Army Col. Kent Bradley, a preventive medicine consultant assigned to the command.

Bradley said people commonly confuse the flu with the common cold. While there are overlapping symptoms, the flu is characterized by high fever, respiratory infections, severe muscle aches and fatigue. A cold just doesn't have the staying power of the flu.

Flu vaccine continued on page 9

Flu vaccine continued from page 8

The timing of the vaccine shipments couldn't have been better. The flu season in Europe typically doesn't reach a fever pitch until December or January, Bradley said.

The 2003-04 flu season was particularly difficult, according to Mancuso, with 54 confirmed cases of the illness, but the rates in Europe are still lower than rates among U.S. forces elsewhere

around the world. In short, Bradley and other health officials said, if you're sick it's best to remain home, avoid close contact with healthy individuals, cover your mouth and nose when coughing or sneezing, keep your hands clean and get plenty of rest.

In recent months, concerns over a possible flu epidemic have heightened because of a vaccine shortage.

Winter recreational safety tips

Article provided by the US Army Europe Safety Office

Most winter recreational activities are pre-formed outside in the elements. Almost all require some level of fitness. It is important to remember that you must warm up prior to these activities, especially if it is cold. Below are some helpful hints when participating in the following activities:

- Skiing (downhill and cross country)
- Snowboarding
- Sledding or tubing
- Hiking and climbing
- Volksmarching

Break the activity into manageable phases. Make sure the risk level associated with the activity can be individually assessed.

Preplan

It is a good idea to preplan when traveling. Know the travel route to your destination and the location of the recreational activity. Have a map and phone number to your place of lodging. Make sure someone back home is aware of your travel plans and that they have a telephone number where you can be reached.

Prepare

Ready yourself for the activity you will be taking part in. It is a good idea to physically train up at least six weeks prior to the event or season. In-

spect and repair any equipment you or your family will be using. Look for damaged areas on equipment, try on boots and check ski poles. Have an emergency plan in place and carry a contact information card that has your unit point of contact and next of kin information.

Practice

Apply techniques and get back into the rhythm of your sport. Take part in avalanche drills and ensure that everyone in your group knows what to do. This includes self-recovery, probing skills and Personal Emergency Locator Transmitter training.

Perform

Always maintain situational awareness. Observe safety markings on trails, paths, trams and trains. When traveling through tunnels watch for exit signs and emergency shelters and remember to travel as a group. On the day of travel it is a good idea to quit early and get plenty of rest. Most of all, don't forget to have fun and to practice safety at all times.

Recover

Advise your point of contact when you plan to return home. Upon your return clean and dry all equipment and clothing. Make any necessary repairs to your equipment and start planning for your next outdoor adventure!

For more information on winter safety contact Wolfgang Rieth, USAREUR Safety Office, at 370-6314.

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WRAIR



Study shows unit support can benefit families, marriages

Article provided by Walter Reed Army Institute of Research

Adverse events in childhood such as child abuse can contribute to having problems developing healthy close relationships in adulthood. A 2004 Walter Reed Army Institute of Research (WRAIR) study with Soldiers has confirmed this research finding and added an important piece to the puzzle: leaders at the local level can have an impact on how Soldiers with adverse childhood experiences adjust to relationships.

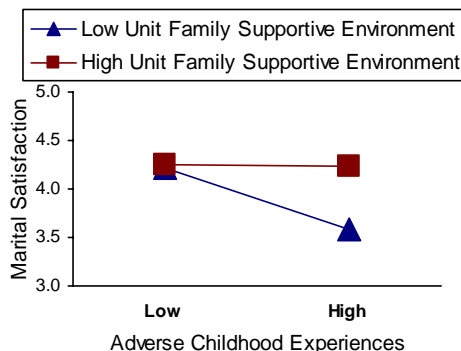
Previously, little research had been conducted on the impact that a positive work climate can have on employees' home lives and relationships. A family-supportive work environment is one example of a positive work climate. It includes general support of familial responsibilities and specific policies that help employees to meet these responsibilities (e.g., informal organizational support for families, flexible schedules, on-site childcare facilities, etc.).

Researchers in the Department of Psychiatry and Behavioral Sciences at WRAIR and the US Army Medical Research Unit-Europe, an overseas WRAIR laboratory, conducted a study to examine the links among unit family-supportive environment, marital satisfaction, and adverse childhood experiences. In this study, 1,749 married Soldiers were surveyed about their marital satisfaction, perceptions of their unit's family-supportive climate, and their adverse experiences in childhood.

Results showed that adverse childhood experiences were associated with lower marital satisfaction and that a perceived unit family-supportive environment was associated with higher marital satisfaction.

Multilevel analyses showed that shared, group perceptions (reinforced by Soldiers through rumors, anecdotes, advice, etc.) of a unit family-supportive environment served to buffer the impact of adverse childhood experiences. Specifically, a unit that fosters a work envi-

ronment that is friendly to Soldier's families can help blunt the negative impact of childhood adversity on marital satisfaction. The graph illustrates this buffering effect.



Results of this study highlight the importance of developmental and organizational variables in predicting marital satisfaction. They also point to the importance of a positive unit climate: when Soldiers collectively perceive that their unit supports families, marriages benefit, especially among those who are the most vulnerable to poor marital functioning. What unit leaders do has an impact far beyond their unit.

The paper, 'Adverse Childhood Experiences, Perceptions of a Family-Supportive Work Environment and Marital Satisfaction' was presented at the 2004 American Psychological Association Annual Meeting in August.

Note: The paper was written by Cpt. Oscar A. Cabrera, chief, research operations, USAMRU-E; Lt. Col. Paul D. Bliese, commander, USAMRU-E; Col. Charles W. Hoge, director, division of neurosciences, WRAIR; Lt. Col. Carl A. Castro, chief, Department of Psychiatry and Behavioral Sciences, WRAIR; Dr. Stephen C. Messer, supervisory clinical psychologist, Department of Psychiatry and Behavioral Sciences, WRAIR; and Maj. Dennis McGurk, chief, Soldier research branch, Department of Psychiatry and Behavioral Sciences, WRAIR.

Task Force Medical Eagle closes a door on history

Story provided by Task Force Medical Eagle

An end to a nine-year history of NATO presence came Nov. 24 at the Task Force Eagle Disestablishment Ceremony at Eagle Base, Tuzla, Bosnia-Herzegovina (BiH).

The European Union takes over the NATO mission with the same peace keeping mission as Stabilization Force (SFOR).

The initial Implementation Force started its mission Dec. 20, 1995 after the Dayton Peace Agreement was signed. Their one-year mission consisted of causing and maintaining the cessation of hostilities. On Dec. 20, 1996 NATO concluded a reduced military presence would suffice and SFOR was established to provide the stability necessary for maintaining peace.

SFOR 15, made up of soldiers from 13 states under the command of Brig. Gen. T.J. Wright of the 38th Infantry Division (M) of Indiana, closed the door on this historic mission.

Supporting the 38th ID was the 42-man Medical Detachment of SFOR 15 under the

command of Col. Jack Markusfeld from the 5502 USAH in Colorado.

The Medical Detachment of SFOR 15 had a significantly smaller footprint than previous rotations. Although there were fewer soldiers to support at Eagle Base, this small unit still kept extremely busy since they hit the ground March 1.

They were responsible for full medical and dental care for Soldiers, contractors, DoD employees and multinational forces in the area. That care included ambulance support for multi-national task force (north); daily sick call; 24-hour emergency care; combat stress; dental and a 72-hour holding capability.

This medical team was designed with the needs of Eagle Base in mind – an unique manning document that included physical therapy, surgery, lab, pharmacy, and radiology capability.

The Medical Detachment was also tasked with downsizing the equipment and supplies that had accumulated over the past nine years. Equipment worth millions of dollars was inventoried and moved out to use in other theaters.

The challenge in this endeavor, as in many others, was the fact that there was no trained staff to accomplish administrative taskings. Administrative and logistical duties were fulfilled by medical professionals without previous staff training. The Europe Regional Medical Command and headquarters staff provided the expertise to guide staff in a successful mission.

The final chapter of SFOR is now history, but US Army Europe still has a presence in BiH called Enduring Mission. The medical staff has been downsized to 15 Soldiers. The mission remains similar but only includes sick call, emergency care, holding bed capacity for stable patients and ground and air ambulance support for the area.

The European Union shares the medical facility, so many changes were necessary to realign the facilities. Careful planning and patience by staff made this transition in November seamless.

The next few weeks will be filled with adjusting to new standard operating procedures with a smaller force as we fine tune the plan for training of the oncoming force this spring.

TFME



Photo by Sgt. Thienan Vu, Task Force Eagle

An end to a nine year history of NATO presence arrived Nov. 24, 2004 at the Task Force Eagle Disestablishment Ceremony at Eagle Base, Tuzla, Bosnia-Herzegovina. Pictured is a Soldier as he begins casing the colors.

W-MEDDAC



Providing first class health care to the W-MEDDAC area of operation and providing the sustaining base for the 67th Combat Support Hospital across the full spectrum of operations.

Reserve Soldiers focus on training

by Roger Teel
Wuerzburg MEDDAC

Army Reserve Soldiers from the 348th General Hospital have sacrificed a great deal to be in the German communities where they now serve.

But these medical professionals have also received a great deal, particularly in the way of Army education and training.

Across the Army, the 91 Whiskey transition training initiative began in late 2000. This program is a military occupational specialty (MOS) transition program that requires MOS 91B Soldiers (medics) to be trained to a higher level of pre-hospital care. Also included are MOS 91C, licensed practical nurses, who would become 91WM6, an MOS that denotes their specialty training.

Other 91-series MOSs also transitioned to 91W with additional skill identifiers for their particular specialty.

Of the 90 Army Reserve Soldier/medics assigned to the 348th GH, 27 percent arrived having completed the transition training. At that time, acting hospital commander Col. Jeffrey Clark directed that 100 percent of the 348th GH medics would be transitioned during their stay in Germany.

The transition program requires extensive – and intense – training in several areas, such as a four-week emergency medical technician (EMT) course, a 10-day trauma course, and a two-day pre-hospital trauma life support course. To successfully complete the program, the medics must successfully pass the

National Registry of Emergency Medical Technician (NREMT) exam.

Exempt from the transition program were the few civilian trained and nationally registered paramedics assigned to the 348th GH, who were ‘grandfathered’ in. The only other exemptions were senior noncommissioned officers such as master sergeants and sergeant majors.

In Wuerzburg, Staff Sgt. Juan Hickson was chosen to spearhead the 91W transition program. To assist him, he picked Staff Sgt. Gregg Pelliccia and 1st Lt. Joseph Santiago from the reserve unit.

Santiago, Pelliccia and Spc. Ricky Largent were the 348th GH’s contribution to the program, bringing with them an eagerness to teach and more than 15 years of paramedic and emergency nursing experience.

They enabled the hospital’s education department to provide challenging and realistic training, augmented with the real-life experiences of the instructors.

Pelliccia began teaching 10 days after arriving in Germany, beginning with back-to-back EMT refresher courses for Reserve medics. Assisted by Staff Sgt. Kristen Fontaine, these courses ensured that 31 Soldiers maintained their required NREMT certification.

When Fontaine left Germany for another assignment, Pelliccia became responsible for primary EMT instruction and refresher training for 104 Soldiers from the 1st Infantry Division, 67th Combat Support Hos-

pital, Wuerzburg Hospital and the 348th General Hospital. Pelliccia is the primary EMT instructor and EMT course coordinator but also teaches pre-hospital trauma life support (PHTLS) and trauma classes. He adds his civilian paramedic experience to every class.

Santiago currently serves as the hospital’s chief of education and regularly adds his expertise and experience to the instruction of Soldiers.

Specialist Largent became an integral member of the education team. He is the primary instructor and coordinator for the Semi-Annual Combat Medic Skills and Validation Test (SACMS-VT). SACMS-VT is required training for all 91W’s twice annually. Largent regularly assists in the instruction of cardio-pulmonary resuscitation, EMT, EMT refresher, PHTLS and trauma classes. With his assistance, all 91W’s who have completed SACMS-VT successfully re-register with the NREMT.

The education staff is completed by the resuscitative medicine coordinator, Sgt. Maurice Higgins, who schedules all resuscitative medicine programs. In addition to his monthly classes, Higgins conducts the NRP (Neonatal Resuscitation Program) quarterly. He is the primary basic life support instructor and frequently assists in other education programs.

The courses offered by Higgins give all 91W’s, both active duty and reserve Soldiers, the opportunity for advanced training and Continuing Medical Education credits in courses they may not have had an opportunity to take had they not been assigned to Wuerzburg Hospital.

Training day at Camp Bondsteel

Story and photos by
Maj. Barbara A. Jones

Camp Bondsteel - On a recent Saturday supply may have been slow but on duty just the same. The range and other areas of the hospital were busy. Upon my return from a four-day pass I picked up my weapon from Staff Sgt. Michael Bledsoe, 139th Medical Group, Kansas City, Mo., and hurried to the range earlier than scheduled.

The weather was warm with light rain. The wind may have been five knots. My shots were consistent with my last qualification. I returned to the office to find a beautiful rainbow over the hospital. I ran to my billets to retrieve my camera. I missed the shot.

I returned to the range for a photo opportunity. We still had a light rain but the temperature had dropped and the wind increased. There was quite a chill in the air. As an observer, one



It was time for Winter Driver's Training with Sgt. Daniel Warren, assigned to the 237th Ground Ambulance Platoon. We viewed some graphic accidents to stress the importance of safety. Speed is the greatest contributor to traffic accidents. As winter approaches, snow can slick up the roads. "How many medical personnel does it take to put on a snow chain?" We had nine participants for this class.



Sgt. 1st Class Christopher Thomas, noncommissioned officer in charge, 237th Ground Ambulance Platoon, Ohio National Guard was busy at the bull horn. Standing next to Thomas is 2nd Lt. Michael Besch, Headquarters and Headquarters Detachment commander and the range Officer in Charge.

can see the logistics required for this operation.

The ammunition shack was manned by Staff Sgt. Lester Ross who is assigned to the 89th RSC and the 139th Medical Group. Staff Sgt. Geraldine Simmons, and Staff Sgt. Arnell Pugh kept busy as range safeties. Both are assigned to the 99th RSC, 18th Field Hospital, Ft. Story, Va.

During the range the medics were called. They were ready for anything. They rushed to assist a Soldier who had a pinched thumb. Spec. Karl Suchy and Spec. Carrie Tong, 237th Ground Ambulance Platoon, bandaged up the patient. In no time the Soldier was back in action. A bus ride back to the hospital was provided by the fine folks from Kellogg, Brown and Root

TFMF



This drawing depicts the busy life of unit supply at Task Force Med Falcon.



...People will remain the
centerpiece of all we do—
Soldiers, civilians,
retirees and veterans...

The Army Vision



ERMC

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HMEDDAC pharmacy technician of the year

By Charles Ward
H-MEDDAC Public Affairs Office

Not only a voice on AFN (Armed Forces Network) Europe radio offering timely public health information, Spec. Erin Sutton is also the reliable and friendly pharmacist caring for the patients of Coleman Clinic in Mannheim, Germany where she has been stationed for nearly two years.

Her work ethic, team attitude, desire to learn, and fine service earned her the title of HMEDDAC Pharmacy Technician of the Year 2004, an award she received in November.



Photo by Charles Ward
H-MEDDAC Public Affairs Office

Spec. Erin Sutton

Sutton enjoys learning all the aspects of the job and relishes the relative independence that comes with working at a smaller clinic. "Yes, I am the one pharmacist here," says Sutton.

I get real support from our noncommissioned officers. In addition, I have

mentors. One is Jacques Leche who works at our main Mannheim Clinic. He comes to spend time with me about once a week. I enjoy working with him and learning all I can from him."

Although completing a bachelor's degree in Communications and Marketing at college, Sutton knew all along that she wanted to get into the health care field. "This is where I belong," she said. "I chose pharmacy specifically. I am glad I had the choice. But I did it because of what you can learn and how you can help."

Her education continues as she now pursues a masters in Health Care Administration with the University of Phoenix.



Heidelberg pharmacist receives award

The 2004 Janet P. Hunter Civilian Pharmacist Award was presented to Julia Gannon of Heidelberg Medical Department Activity in November.

The award was given by Brig. Gen. Sheila R. Baxter, chief, Medical Service Corps. Gannon works as the assistant chief, Department of Pharmacy, Heidelberg Hospital.

Photo by Charles Ward, H-MEDDAC Public Affairs

The US Army Europe Regional Medical Command was activated on Oct. 16, 1994, under the command and control of the US Army Medical Command, headquartered at Fort Sam, Houston, Texas. The command was originally designated the European Health Service Support Area, one of seven Army health service support regions throughout the world. To clarify beneficiary recognition of their mission, all health service support areas were re-designated regional medical commands in July 1996.

To meet the European challenge of the ever changing medical environment and the military force, Europe Regional Medical Command oversees and maintains the successful operation of the Army's 30 healthcare facilities in Germany, Italy and Belgium.